UTILIZATION MANAGEMENT AUTHORIZATION
Outpatient Treatment

Review Date: _____

Date of Program Admission: _____

Current Services: ☐MHS ☐MHS-R ☐CM ☐Meds

Current Planned Session Frequency:

☐ _____ session/s per month

☐ Comments:

Is Family Involved with Treatment? Y N (*If no please explain):*_____

_____

DSM IV – TR **Axis I** – Primary: _____ Code: _____

Secondary: _____ Code:_____

Other: _____ Code:_____

Axis II - _____ Code:_____

Axis III - _____ Code:_____

Axis IV - ☐ Primary Support Group ☐ Social Environment ☐Educational ☐Occupational ☐Housing ☐Economic ☐Access to Health Care ☐Interaction with the Legal System ☐Other psychosocial and Environmental Problems

Axis V - (*GAF*) **Current:** _____ **Highest in last 12 months:** _____

Does youth and/or family request continuation of service? Y N (*Comments*): _____

Concurrent Interventions: (*Please Check off all that apply*): ☐TBS ☐Day Treatment Intensive ☐Day Treatment Rehabilitation ☐Chemical Dependency ☐Rehabilitation ☐Other Outpatient (*Please Specify*): _____

Hospitalizations: Y N (*If yes please specify how long ago)*: ☐past month ☐past 3 months ☐past 6 months ☐past year ☐more than one year

CURRENT CLIENT FUNCTIONING (CFARS Rating):

1	2	3	4	5	6	7	8	9
No problem	**Less than Slight**	**Slight Problem**	**Slight to Moderate**	**Moderate Problem**	**Moderate to Severe**	**Severe Problem**	**Severe to Extreme**	**Extreme Problem**

Depression ____ **Treatment Focus Y N**			**Anxiety** ____ **Treatment Focus Y N**		
☐Depressed Mood	☐Happy	☐Sleep Problems	☐Anxious/Tense	☐Calm	☐Guilt
☐Sad	☐Hopeless	☐Lacks Energy / Interest	☐Phobic	☐Worried/ Fearful	☐Anti-Anxiety Meds
☐Irritable	☐Withdrawn	☐Anti-Depression Meds	☐Obsessive/Compulsive	☐Panic	

Hyper activity ____ **Treatment Focus Y N**			**Thought Process** ____ **Treatment Focus Y N**		
☐Manic	☐Inattentive	☐Agitated	☐Illogical	☐Delusional	☐Hallucinations
☐Sleep Deficit	☐Overactive / Hyperactive	☐Mood Swings	☐Paranoid	☐Ruminative	☐Command Hallucination
☐Pressured Speech	☐Relaxed	☐Impulsivity	☐Derailed Thinking	☐Loose Associations	☐Intact
☐ADHD Meds	☐Anti-Manic Meds		☐Oriented	☐Disoriented	☐Anti-Psych Meds

Cognitive Performance ____ **Treatment Focus Y N**		**Medical / Physical** ____ **Treatment Focus Y N**		
☐Poor Memory	☐Low Self-Awareness	☐Acute Illness	☐Hypochondria	☐Good Health
☐Poor Attention/Concentration	☐Developmental Disability	☐CNS Disorder	☐Chronic Illness	☐Need Med./Dental Care
☐Insightful	☐Concrete Thinking	☐Pregnant	☐Poor Nutrition	☐Enuretic/ Encopretic
☐Impaired Judgment	☐Slow Processing	☐Eating Disorder	☐Seizures	☐Stress-Related Illness

Traumatic Stress ____ **Treatment Focus Y N**		**Substance Use** ____ **Treatment Focus Y N**		
☐Acute	☐Dreams/Nightmares	☐Alcohol	☐Drug(s)	☐Dependence
☐Chronic	☐Detached	☐Abuse	☐Over Counter Drugs	☐Cravings/Urges
☐Avoidance	☐Repression/Amnesia	☐DUI	☐Abstinent	☐I.V . Drugs
☐Upsetting Memories	☐Hyper Vigilance	☐Recovery	☐Interfere w/Functioning	☐Med. Control

Interpersonal Relationships ____ **Treatment Focus Y N**		**Behavior in "Home" Setting** ____ **Treatment Focus Y N**	
☐Problems w/Friends	☐Diff. Estab./ Maintain	☐Disregards Rules	☐Defies Authority
☐Poor Social Skills	☐Age-Appropriate Group	☐Conflict w/Sibling or Peer	☐Conflict w/Parent or Caregiver
☐Adequate Social Skills	☐Supportive Relationships	☐Conflict w/Relative	☐Respectful
☐Overly Shy		☐Responsible	

ADL Functioning ____ **Treatment Focus Y N**			**Socio-Legal** ____ **Treatment Focus Y N**		
☐Handicapped	☐Not Age Appropriate In:		☐Disregards Rules	☐Offense/Property	☐Offense/Person
☐Permanent Disability	☐Communication	☐Self Care	☐Fire Setting	☐Comm. Control/Reentry	☐Pending Charges
☐No Known Limitations	☐Hygiene	☐Recreation	☐Dishonest	☐Use/Con Other(s)	☐Incompetent to Proceed
	☐Mobility		☐Detention/ Commitment		☐Street Gang Member

Select: ☐ Work ☐School ____ **Treatment Focus Y N**			**Danger to Self** ____ **Treatment Focus Y N**		
☐Absenteeism	☐Poor Performance	☐Regular	☐Suicidal Ideation	☐Current Plan	☐Recent Attempt
☐Dropped Out	☐Learning disabilities	☐Seeking	☐Past Attempt	☐Self-Injury	☐Self-Mutilation
☐Employed	☐Doesn't Read/Write	☐Tardiness	☐"Risk-Taking" Behavior	☐Serious Self-Neglect	☐Inability to Care for Self
☐Defies Authority	☐Not Employed	☐Suspended			
☐Disruptive	☐Terminated/ Expelled	☐Skips Class			

Danger to Others ____ **Treatment Focus Y N**		**Security/ Management Needs** ____ **Treatment Focus Y N**	
☐Violent Temper	☐Threatens Others	☐Home w/o Supervision	☐Suicide Watch
☐Causes Serious Injury	☐Homicidal Ideation	☐Behavioral Contract	☐Locked Unit
☐Use of Weapons	☐Homicidal Threats	☐Protection from Others	☐Seclusion
☐Assaultive	☐Homicide Attempt	☐Home w/Supervision	☐Run/Escape Risk
☐Cruelty to Animals	☐Accused of Sexual Assault	☐Restraint	☐Involuntary Exam/ Commitment
☐Does not appear dangerous to Others	☐Physically Aggressive	☐Time-Out	☐PRN Medications
		☐Monitored House Arrest	☐One-to-One Supervision

RATIONALE FOR ADDITIONAL SERVICE NEED

ELIGIBILITY CRITERIA – POST INITIAL 13 SESSIONS

- ☐ **Client continues to meet Medical Necessity and demonstrates benefit from services**
- ☐ **Consistent participation in services**
- ☐ CFARS-Impairment Rating guideline of 5

☐ **Client meets the criteria for SED based upon the following:**

As a result of a mental disorder the child has **substantial** and **persistent** impairment in at least two of the following areas (check):

- ☐ Self-care and self regulation
- ☐ Family relationships
- ☐ Ability to function in the community
- ☐ School functioning

AND One of the following occurs:

- ☐ Child at risk for removal from home due to a mental disorder
- ☐ Child has been removed from home due to a mental disorder
- ☐ Mental disorder/impairment is severe and has been present for six months, or is highly likely to continue for more than one year without treatment.

OR The child displays:

- ☐ acute psychotic features,
- ☐ imminent risk for suicide
- ☐ imminent risk of violence to others due to a mental disorder

ELIGIBILITY CRITERIA – POST 26 SESSIONS

☐ **Client has met the above criteria as indicated AND**

Meets a minimum of one continuing current Risk Factor related to child's primary diagnosis:

- ☐ Child has been a danger to self or other in the last two weeks
- ☐ Child experienced severe physical or sexual abuse or has been exposed to extreme violent behaviors in the home in the last two weeks
- ☐ Child's behaviors are so substantial and persistent that current living situation is in jeopardy
- ☐ Child exhibited bizarre behaviors in the last two weeks
- ☐ Child has experienced trauma within the last two weeks

Proposed Treatment Modalities	**Planned Frequency**	**Expected Outcome and Prognosis**	**REQUESTED NUMBER OF TREATMENT SESSIONS**
☐ MHS – Family	_____ session(s) per month	☐ Return to full functioning	
☐ MHS – Group	_____ session(s) per month	☐ Expect improvement, anticipate less than full functioning	
☐ MHS – Individual	_____ session(s) per month	☐ Relieve acute symptoms, return to baseline functioning	
☐ MHS - Collateral	_____ session(s) per month	☐ Maintain current status/prevent deterioration	
☐ Case Management/Brokerage	_____ session(s) per month		
☐ MHS – Rehab	_____ session(s) per month		
☐ Medication Support	_____ session(s) per month		

Requesting Staff's Name, Credential, Signature: _____ **Date:** _____

Co- Signature: _____ **Date:** _____

Approved # of Sessions: _____ Comments: _____

☐ Request Approved ☐ Request Reduced ☐ Request Denied

☐ Retroactive Authorization (must notify COTR by email) _____

UM Clinician's Name: _____ Signature/Credentials: _____ Date: _____

Committee Members Names and Credentials: _____

_____